

# **AccuReview**

An Independent Review Organization

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**[Date notice sent to all parties]:** May 7, 2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

PT 3x4 Back 97001 97002 G0283pnr 97110 97140 97530 97035 97112

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

This physician is Board Certified in Physical Medicine and Rehabilitation with over 16 years of experience.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female. On xx/xx/xx she felt her back go into a spasm. She stated she felt a tightness, like that someone is pushing on her back. She was evaluated by a physician and told she has some herniated discs, L4-5-S1. She was sent for therapy.

12-18-14: Initial Evaluation. CC: low back pain 8/10; with medication; cold makes it feel worse. Functional Status: Walk: cannot incline walking; walked around the grocery store but it was too much. Sitting: cannot last a whole movie. Sleeping: wakes her up constantly; the mornings are the worst. Driving: twisting when looking for traffic hurt. Lifting legs up: feels weak. Squatting and reaching: major difficulty. Claimant is currently not working, stated that she wants to get back to work safely. Modified Oswestry LBPQ: 66%, notes: 33/50. Objective: claimant is very guarded with her movements. L-Spine AROM: flexion-25, extension-5. L-Spine Muscle Testing: Hip flexors: R-5/5, L-5-/5; hip extensors: R-5/5, L- 5/5; knee flexors: R-5-/5, L-5-/5; knee extensors: R-5-/5, L-5-/5; hamstring: R: 20 degree SLR, L: 30 degree SLR; quadriceps: R&L: to buttock. Claimant had pain

with MMT to the left. L-spine Special Tests: repeated extension in prone: R: reduced minimally, not able to do a full press up; repeated extension with lateral shift left: was able to complete a full press up and felt reduction in pain. L-spine joint mobility: gross lumbar, central PA, grade III, firm; sacroiliac joint, central PA, grade III, hard. Palpation: moderate to major tightness of the thoracic and lumbar paraspinals, major sensitivity of the SI region. Assessment: Claimant presented with LBP from an injury at work. She has significant pain decreasing her ADL. She has minimal loss of strength in the LE, but major pain elicited with MMT. She has limited AROM of the lumbar spine. She responded to repeated extension with left lateral shift. The claimant is a good candidate for PT to reduce pain and restore pain free function. Treatment Plan: Recommend PT 3x week for 8 weeks.

01-05-15: Daily Note. Claimant presented with 3/10 LBP and stated that she took a codeine before coming. She stated that she is very sore and painful after the evaluation and went to PCP who changed her medication with some relief. Assessment: The claimant had difficulty with lat pull down. She had some increase in pain with standing exercises. The claimant had good results with the sustained extension and modalities. Pain reduced post treatment. Plan: continue with current treatment and progress as tolerated.

01-08-15: Daily Note. CC: LBP 1/10 with some reported relief with treatment from previous session; still taking medication. Assessment: The claimant had some increase in pain with the descent portion of the sustained extension. She had difficulty recovering from the stretching. Post treatment she had a slight increase in pain. Plan: continue with current treatment and progress as tolerated.

01-09-15: Daily Note. CC: claimant stated she had a bad night and felt increased pain post treatment and took increased meds with some relief. Assessment: there was increased tightness of the lumbar musculature. She had difficulty completing exercises. She felt better with the sustained extension and had reduction of pain to 1/10 post. Plan: continue with current treatment and progress as tolerated.

01-12-15: Daily Note. CC: 1/10 LBP with complaint of major pain over the weekend. She stated she does not feel right and she is fearful that the pain is never going to get better. Assessment: The claimant has been feeling continued pain with no relief unless she takes medication. She has not change in pain with the sustained extension. Extension with lateral shifting was attempted with no improvement. Manual therapy did help relieve the pain somewhat. Plan: continue with current treatment and progress as tolerated.

01-14-15: Daily Note. CC: claimant stated that the pain was much worse after the last session. Pain currently 4/10, but was much more last night. Assessment: The claimant had no relief with any movement and there was little relief with the modalities. All other exercises were omitted today to all for muscular rest. Plan: reassess pain.

01-16-15: Daily Note. CC: Claimant reported pain continued high at 4/10 with meds, she feels it is getting worse and now has tightness in her left hip. Assessment: The claimant had relief in pain with left lateral side glides in standing. She was instructed in how to perform the exercise and was able to demonstrate correct performance. She could tolerate minimal exercise today. She had pain the most with the total gym. Plan: reassess pain.

01-19-15: Progress Note. CC: LBP 7/10. Claimant has been feeling no relief in pain and has continued pain and difficulty with movements with pain in the right side as well as the left. Palpation: moderate to major tightness of the thoracic and lumbar paraspinals, major sensitivity of the SI region. Assessment: the claimant has been having difficulty tolerating therapy. There have been changes in pain with repeated movement, but no one direction is giving consistent relief in pain. She has attempted some strengthening exercises; more core stabilizing exercises are not tolerated. The claimant would benefit from further therapy if she had better control of pain. Treatment Plan: recommend PT, recommend returning to healthcare provider for further evaluation 3xweek for 8 weeks.

01-22-15: Daily Note. CC: 5/10 pain in back and stated that she is feeling better after having a bowel movement with significant relief in pain, swelling, and pressure. Assessment: The claimant had good performance of the exercises. She was able to complete exercises with minimal discomfort. She declined modalities today, due to another appointment. Plan: reassess pain.

01-23-15: Daily Note. CC: claimant reported 4/10 back pain. Assessment: claimant had decreased pain in the back and was able to complete all exercises with no problems. She will be a good candidate to continue with treatment. Plan: progress stabilization exercises and add more functional exercises to return to work.

02-10-15: Daily Note. DX: 724.2 lumbago, 724.4 thoracic or lumbosacral neuritis or radiculitis, unspecified. Functional Limitation Category: mobility: walking & moving around. Current status: CL=60-79%, goal status: CJ=20-39%.

02-10-15: Plan of Care. DX: 724.2 lumbago, 724.4 thoracic or lumbosacral neuritis or radiculitis, unspecified. Rehab potential: fair-claimant may benefit from services, will trial and reassess. Assessment: Findings consistent with lumbar spine derangement. Pain is impairing claimant's ability to perform ADL that require lifting, squatting, and forward bending, walking within the community. Claimant would benefit from physical therapy to address claimant's functional limitations. Prognosis is fair to good for goals based on claimant's current level of health and mobility.

02-19-15: UR. Reason for denial: The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The mechanism of injury was not provided in the medical records. Medications were not provided in the medical records. Diagnostic studies included a lumbar spine MRI performed on 12/06/2014. Surgical history was not provided in the medical

records. Other therapies included physical therapy. The claimant is a xx-year-old female who reported an injury on xx. On 01/23/2015m she presented for physical therapy visit and reported 4/10 pain in the low back. She stated that she was feeling much better. A physical examination showed that she could squat 17 degrees and did 2 sets and 15 reps of rowing. She did a level 3 stretch. The documentation provided shows that the claimant had not yet met her goals. It was stated that she had decreased pain in the back and was able to complete all exercises with no problems, and would be a good candidate for continued treatment. A request was made for physical therapy 3x4 for the back. The ODG state that physical therapy is recommended for 9 visits over 8 weeks. When treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. Based on the clinical information submitted for review, the claimant had not met her goals with physical therapy treatment. The clinical nurse summary shows that the claimant had completed 9 sessions of physical therapy. The number of sessions the claimant had completed exceeds the guideline recommendations. There were no exceptional factors noted to support exceeding the guidelines; and therefore, the request would not be supported. In addition, there was no documentation showing that the claimant had a significant improvement in function with physical therapy to support the request for additional session. In absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is non-certified.

03-11-15: UR. Reason for denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The most recent note provided for review does not provide evidence that the claimant has functional deficits to warrant additional physical therapy sessions. Additionally, there was no evidence of significant objective functional improvement within the previous physical therapy. There were no exceptional factors to warrant additional visits beyond the guideline's recommendation. Furthermore, the guidelines recommend active versus passive treatment modalities and the CPT codes 97140 (manual therapy) and 97035 (ultrasound) are passive modalities which are not recommended with physical therapy.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

Denial of 12 additional PT visits 3 times a week for 4 weeks is UPHELD/AGRRED UPON since the request exceeds ODG recommended number of visits and timeframe for submitted diagnosis, exceeds recommended timeframe for passive modalities, and there is lack of clinical information. After 10 PT visits there is no documentation regarding progress with lumbar range of motion and lower extremity strength. Furthermore there is no documentation regarding mechanism of injury, any diagnostic work up or adjuvant treatment including medications, activity modification and instruction in and compliance with a home exercise program. Therefore, after review of the medical records and documentation provided, the request for PT 3x4 Back 97001 97002 G0283pnr 97110 97140 97530 97035 97112 is denied.

Per ODG:

Physical therapy (PT)	<p><i>ODG Physical Therapy Guidelines –</i></p> <p>Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the <a href="#">ODG Preface</a>, including assessment after a "six-visit clinical trial".</p> <p><b>Lumbar sprains and strains</b> (ICD9 847.2): 10 visits over 8 weeks</p> <p><b>Sprains and strains of unspecified parts of back</b> (ICD9 847): 10 visits over 5 weeks</p> <p><b>Sprains and strains of sacroiliac region</b> (ICD9 846): Medical treatment: 10 visits over 8 weeks</p> <p><b>Lumbago; Backache, unspecified</b> (ICD9 724.2; 724.5): 9 visits over 8 weeks</p> <p><b>Intervertebral disc disorders without myelopathy</b> (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Medical treatment: 10 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks Post-surgical treatment (arthroplasty): 26 visits over 16 weeks Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks</p> <p><b>Intervertebral disc disorder with myelopathy</b> (ICD9 722.7) Medical treatment: 10 visits over 8 weeks Post-surgical treatment: 48 visits over 18 weeks</p> <p><b>Spinal stenosis</b> (ICD9 724.0): 10 visits over 8 weeks See 722.1 for post-surgical visits</p> <p><b>Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified</b> (ICD9 724.3; 724.4): 10-12 visits over 8 weeks See 722.1 for post-surgical visits</p> <p><b>Work conditioning</b> (See also <a href="#">Procedure Summary</a> entry): 10 visits over 8 weeks</p>
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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR  
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL &  
ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY  
GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR  
GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW  
BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN  
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE &  
PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE  
(PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME  
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**